MySWRB guide

How to renew your Practising Certificate through MySWRB

Step 1 – Login

- Go to <u>my.swrb.govt.nz</u>.
- Enter your username email and your password.
- Click 'Sign in' to log in to your MySWRB account.

e Sign in x + + ← → C Q im myswrb.gov.nz	o – ۲۵ × ش که و :
C Social Workers Registration Board Registration Reservation	Sign.in 1 Create Account
Nau mai, haere mai	, welcome to MySWRB
Login	If you don't know your usernome (email you registered with us) please contact us of <u>specializations@earch.gout.az</u>
Username (your small) (Uhername Persuvord	To apply to become a registered social worker, <u>click here</u>
Passward	
Sign In Forget Restword?	
If you don't know your username (amat you registered with us) please contact us at <u>applications/Backb.sou.tas</u>	

Step 2 - 'Apply for practising certificate'

• Click the 'Apply for my practising certificate' (or 'Renew my practising certificate') button on the right side of the page to start the practising certificate renewal process.

Registration Board Kéhui Whakamana Touwhire	Registration Portal		
		MY DETAILS CPD INTERACTIO	ONS CONTACT US
My details			
Registration number	Job Title		Apply for my practising certificate
First name	Preferred first name	1	Make a non
Middle name	Name to display on register	If you would like a photo on your	practising declaration
Last name	Gender	PC card please upload here. It needs to be a head and shoulders shot taken in the last 6 months.	
Previous name	*Mobile/personal phone		
Date of birth	Alternative email		
Email address	Work phone		
Ethnicity	lwi		
Other Ethnicity ~	(None)		

Step 3 - Confirm details

• Update your personal details.

	Apply for Pro	actising Certificate
lere are you	ır current contact details	
your details a	e not correct, please edit and click 'Save', then scroll dc	wn to confirm your employer and address and click continue.
Name		
Registration No		
Registration Status		
Email		
Mobile Phone		
Region	(Select)	
Ethnicity	Other Ethnicity	
	(None)	
Ethnicity 2		

• Click 'save'.

<< Account				Сswrb
			Apply for Practising Certificate	
Here are your	current conta	ct deta	ails	
If your details are r	not correct, please	edit an	d click 'Save', then scroll down to confirm your employer and address and click continue.	
Name				
Registration No				
Registration Status				
Email				
*Mobile Phone				
*Region	(Select)		•	
*Ethnicity	Other Ethnicity	~		
Ethnicity 2	(None)	~		
Ethnicity 3	(None)	~		
			Save	Cancel

• Confirm your employer and address details are up to date. You can update these by clicking the 'edit' button.

mployer		
your employer is paying for your practising certificate, you mus	t make sure you have added them here and selected them from the drop-down list	
		Edit
Addresses		
and a work of maining address use me i symboli		
Mailing Address Primary Address +		
		Edit
	√ Preferred Mailing Address	
		Continue >>
		Continue >>

• If they are correct, you can move on to the next page by clicking the 'Continue' button.

Employer		
If your employer is paying t	for your practising certificate, you must make sure you have added them here and selected them from the drop-down list	Edit
My Addresses		
To add a work or mailing a	address use the + symbol.	
Mailing Address	Primary Address +	
	√ Preferred Mailing Address	Edit
		Continue >>

• Review that your employer details are correct.

			MY DETAILS	CPD	INTERACTIONS	CONTACT US
Review employe	r					
Please check that this is you	r current employer. If not, s	elect "Previous" and	update your employ	er before cont	inuing.	
Company Payment option						
You now have the option to	pay either an annual paym		into 12 equal month	ly payments. I	f you require an invoice fo	or your employer,
please select annual and th	en invoice employer at the	cart				
* Please select your prefe	rred payment option	(None)	·			
					Save	Cancel
< Previous						

• If they require updating, you can click the 'previous' button to return to the details page.

	MY DETAILS	CPD	INTERACTIONS	CONTACT US
Review employer				
Please check that this is your current employer. If not, select "Prev	vious" and update your employ	er before con	tinuing.	
Company				
Payment options				
You now have the option to pay either an annual payment or bre	eak it down into 12 equal mont	ly payments.	If you require an invoice f	or your employer,
You now have the option to pay either an annual payment or bre please select annual and then invoice employer at the cart	nak it down into 12 equal mont (None) v	ly payments.	If you require an invoice f	or your employer,
You now have the option to pay either an annual payment or bre please select annual and then invoice employer at the cart		lly payments.		
You now have the option to pay either an annual payment or bre please select annual and then invoice employer at the cart • Please select your preferred payment option		ly payments.	If you require an invoice f	
Payment options You now have the option to pay either an annual payment or bre please select annual and then invoice employer at the cart • Please select your preferred payment option		ly payments.		

Step 4 – Choose payment option

- If the details are correct, select your preferred payment option.
- Use the drop-down function to select whether you wish to pay your Practising certificate (annually, as a single payment or in 12 monthly instalments).

Registration Board Köhul Whakamene Tauwhire MySWRB				<u>Sign out</u>
	MY DETAILS	CPD	INTERACTIONS	CONTACT US
Review employer				
Please check that this is your current employer. If not, select "Previous"	and update your employ	er before conti	nuing.	
Company				
Payment options				
fou now have the option to pay either an annual payment or break it o blease select annual and then invoice employer at the cart	down into 12 equal month	ly payments. If	you require an invoice f	or your employer,
* Please select your preferred payment option (None	A) V			
(NOR	6)		_	
			Sav	Cancel
<< Previous				

• Click the 'save' button.

	MY DETAILS	CPD	INTERACTIONS	CONTACT US
Review employer				
Please check that this is your current employer. If not, se	elect "Previous" and update your employ	ver before con	tinuing.	
Company				
Payment options Yau now have the option to pay either an annual paym please select annual and then invoice employer at the c		nly payments.	If you require an invoice f	or your employer,
	(None) V			
* Please select your preferred payment option			Sav	Cancel

- A 'Continue' button will appear.
- Click this button to continue to the next page.

	MY DETAILS	CPD	INTERACTIONS	CONTACT US
Successfully updated				
Review employer				
Please check that this is your current employer. If not, sel	ect "Previous" and update your emplo	yer before cor	ntinuing.	
Company				
Payment options				
You now have the option to pay either an annual payme		hly payments.	If you require an invoice fr	or your employer,
You now have the option to pay either an annual payme		hly payments.	If you require an invoice fi	or your employer,
You now have the option to pay either an annual payme		hly payments.	If you require an invoice f	or your employer,
You now have the option to pay either an annual paymer please select annual and then invoice employer at the co	ort	hly payments.	If you require an invoice fi	or your employer,
Payment options You now have the option to pay either an annual payme please select annual and then invoice employer at the co * Please select your preferred payment option	ort	hly payments.	If you require an invoice fo	
fou now have the option to pay either an annual payme please select annual and then invoice employer at the co	ort	hly payments.		

Note: If your employer already has a payment arrangement with the SWRB, simply put preferred payment option as 'annual' and click save. Then 'continue'

Step 5 – Declaration

• Complete your online declaration by answering the questions provided.

	Practising Certificate Declaration			
apply for your Practising Ce	rtificate, please complete the following declaration.			
lease note that making a false	declaration may result in disciplinary action.			
Do you have any mental or ph	ysical health conditions which may affect your ability to practise social work safely?	No	~	
	any professional disciplinary proceedings in Aateoroa New Zealand or overseas, or under investigation in Aateoroa New Zeala could become the subject of professional disciplinary proceedings?	No No	~	
Are you under investigation for	r any criminal offence?	No	~	
Have you been convicted of a	criminal offence?	No	~	
Are you the respondent of a pr	rotection order, trespass order, restraining order or similar in Aotearaa New Zealand or overseas?	No	¥	
 I will undertake regular pro I will undertake profession I will notify the Social Work 	Zode of Conduct and Care Competence Standards; ofessional supervision; al development activities and will keep a Continuing Professional Development (CPD) Log; ar Registration Board of any concerns with my mental or physical health, which may affect my ability to practise social work; I Workers Registration Board may notify my employer if the Board becomes aware of any matter or issue it considers justifies	uch action	for the pr	Save
y clicking I agree I confirm t	hat all the information I have provided is correct and true.			
lease note that making a false	declaration may result in disciplinary action.			

• Once you have answered all the questions, click the 'save' button.

Practising Certificate Declaration			
apply for your Practising Certificate, please complete the following declaration.			
ase note that making a false declaration may result in disciplinary action.			
to you have any mental or physical health conditions which may affect your ability to practise social work safely?	No	~	
love you been the subject of any professional disciplinary proceedings in Aoteano New Zealand or overseas, or under investigation in Aoteano New Zes overseas for any matter that could become the subject of professional disciplinary proceedings?	and No	~	
re you under investigation for any criminal offence?	No	~	
lave you been convicted of a criminal offence?	No	~	
re you the respondent of a protection order, tresposs order, restraining order or similar in Aoteoroa New Zealand or overseas?	No	¥	
eclare that:			-
 Will adhrer to the SWBE Code of Conduct and Care Competence Standards; Will undertake regular professional supervision; Will undertake professional development activities and will keep a Continuing Professional Development (CPD) Log; Will northy the Social Workers Registration Board of any concerns with my mental or physical health, which may affect my ability to practise social workers Registration Board of any concerns with my mental or physical health, which may affect my ability to practise social workers and the Board Workers Registration Board may notify my employer if the Board becomes oware of any matter or issue it considers justified to the Social Workers Registration Board may notify my employer if the Board becomes oware of any matter or issue it considers justified to the Social Workers Registration Board may notify my employer if the Board becomes oware of any matter or issue it considers justified to the Social Workers Registration Board and the Social Workers Registration Board may notify my employer if the Board becomes oware of any matter or issue it considers justified to the Social Workers Registration Board may notify my employer if the Board becomes oware of any matter or issue it considers justified to the Social Workers Registration Board may notify my employer if the Board becomes oware of any matter or issue it considers justified to the social worker of the public. 		e pr	Save
clicking I agree I confirm that all the information I have provided is correct and true.			
ase note that making a false declaration may result in disciplinary action.			

• Read the declaration.

			CSWR
Practising Certificate Declaration			
nly for your Practising Certificate, please complete the following declaration.			
r note that making a false declaration may result in disciplinary action.			
ou have any mental or physical health conditions which may affect your obility to practise social work safely?	No	~	
e you been the subject of any professional disciplinary proceedings in Aatearaa New Zealand or overseas, or under investigation in Aatearaa New Zeala reeas for any matter that could become the subject of professional disciplinary proceedings?	d No	~	
you under investigation for any criminal offence?	No	*	
e you been convicted of a criminal affence?	No	۷	
ou the respondent of a protection order, tresposs order, restraining order or similar in Aotearoa New Zealand or overseas?	No	*	
are that:			
will adhere to the SWBB Code of Conduct and Core Competence Standards; will undertake regular professional supervision; will undertake regular professional eventment activities and will keep a Continuing Professional Development (CPD) Log; will notify the Social Workers Registration Board of any concerns with my mental or physical health, which may affect my ability to practise social work; understand that the Social Workers Registration Board may notify my employer if the Board becomes aware of any motter or issue it considers justifies to members of the public.	uch action	n for the	protection of the sofety of
cking I agree I confirm that all the information I have provided is correct and true.			
e note that making a false declaration may result in disciplinary action.			lagree

• Confirm the information you entered is correct by clicking the 'I agree' button.

Practising Certificate Declaration			
a apply for your Practising Certificate, please complete the following declaration.			
lease note that making a false declaration may result in disciplinary action.			
Do you have any mental or physical health conditions which may affect your ability to practise social work safely?	No	~	
Have you been the subject of any professional disciplinary proceedings in Aatearoa New Zealand or overseas, or under investigation in Aatearoa New Zealand overseas for any matter that could become the subject of professional disciplinary proceedings?	No	~	
Are you under investigation for any criminal offence?	No	*	
Have you been convicted of a criminal offence?	No	~	
Are you the respondent of a protection order, trespass order, restraining order or similar in Aatearoa New Zealand or overseas?	No	~	
declare that:			
I will adhere to the SWRB Code of Canduct and Core Competence Standards; I will undertake regular professional supervision; I will undertake professional development activities and will keep a Continuing Professional Development (CPD) Log; I will notify the Social Workers Registration Board of any concerns with my mental or physical health, which may affect my ability to practise social work; I understand that the Social Workers Registration Board may notify my employer if the Board becomes aware of any matter or issue it considers justifies su members of the public.	ch action	for the	protection of the sofety
y clicking I agree I confirm that all the information I have provided is correct and true.			
lease note that making a false declaration may result in disciplinary action.			lagree

Step 6 - Action payment (if applicable)

• Following your declaration, you will be connected to the payment screen.

<	<pre>revious step</pre>
PI	Apply for Practising Certificate

- To pay for your Practising Certificate, confirm your payment option as 'I will pay now'.
- Select your payment method (VISA, Mastercard or Debit card).
- Enter your payment details.

Social Workers MySWRB Registration Board Registration Kähsi Whatamana Tauwhira Portal			<u>Sign out</u>
	MY DETAILS CPD	INTERACTIO	ONS CONTACT US
Fees			
Item	Quantity	Price	Total
SW Practising Certificates (1/04/2021 - 30/06/2021)	1	468.00	468.00
	● I will pay now O Invo	bice	
	I will pay now O Invo Payment amount 468.0 Payment method		
	*Payment amount 468.0 Payment method VISA ~		
	•Payment amount 468.0 Payment method		
	*Payment amount 468.0 Payment method VISA • *Name on card •Card		
	*Payment amount 468.0 Payment method VISA • *Name on card •Card		
	*Payment amount 468.0 Payment method VISA • *Name on card •Card		

• Click 'submit' to make payment.

Item	Quantity	Price	Total
SW Practising Certificates.(1/04/2021 - 30/06/2021)	1	468.00	468.00
	Payment Opti	on	
	●I will pay now O Invo	ice	
	•Payment amount 468.0		
		0)	
	VISA ~		
	*Name on card		
	*Card Card number N	IM/YY CSC	
	Card number N	IM/YY CSC	
	Billing address		
	Choose another address		

Note: If you have a 'trusted employer', the payment options will not appear. You will just need to click 'submit'.

If your employer is not a trusted employer but wishes to pay on your behalf, you can request an invoice by clicking 'invoice' and 'Submit'. You will receive a confirmation email providing detailed instructions and an invoice will be generated in your 'interactions' tab. You can then forward this on to your employer to action payment.

Social Workers Registration Board Educ Whatamens Tourkirs Portal	Sign.out.
	MY DETAILS CPD INTERACTIONS CONTACT US
Fees	
ltem	Quantity Price Total
SW Practising Certificates (1/04/2021 - 30/06/2021)	1 468.00 468.00
	*Payment amount 468.00 Payment method VISA ~
	*Name on card
	*Card
	Card number MM/YY CSC
	Billing address

• A Practising certificate confirmation will be shown, displaying the processed payment with your details.

Social Workers Registration Board Kähul Whakamana Tauwhirs	MySWRB Registration Partal			<u>Sign Out</u>	
		MY DETAILS	CPD	INTERACTIONS COM	TACT US
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				Con	tinue >>
	ate Confirmation	1. M. B.			
ink you for renewing your pro	acticing certificate, your payment has b	been processed with the pa	yment meth	nod selected. Please click continue	o proceed.
	Social Workers R	egistration Board New	Zealand		
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ill to	Social Workers R	egistration Board New	Zealand		
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sill to Payment method sold to	Social Workers R	-	ntity	Price	
	Social Workers R	-	ntity	Price 468.00	468.00 468.00
sill to Payment method sold to	Social Workers R	-	ntity	Price 468.00 Item total	468.00 468.00

• Click the 'Continue' button to move on to the Workforce survey.

Social Workers Registration Board Zahu Whatamena Tauwhire				<u>Sign Out</u>	
		MY DETAILS	CPD	INTERACTIONS CON	ITACT US
				Con	tinue >>
actising Certific	ate Confirmation				
nk you for renewing your pro	acticing certificate, your payment h	has been processed with the p	ayment met	hod selected. Please click continue	to proceed.
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	Social Worker	s Registration Board Ne	w Zealand		
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yment method Id to		Qu	antity	Price	Total
yment method Id to tem		Q	iantity 1	Price 468.00	Total 468.00
nyment method Ild to tem		Qu			
nyment method Ild to tem		Qu		468.00	468.00
nyment method Ild to tem		Qu		468.00 Item total	468.00
item SW Practising Certificates		Q.		468.00 Item total TRANSACTION GRAND TOTAL	468.00 468.00 468.00

Step 7 - Workforce Survey

• You will be asked to take part in the annual 'Workforce survey. This is made up of 7 questions and takes less than 5 minutes to complete.



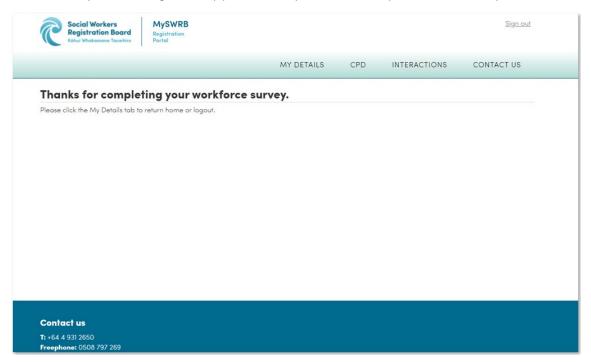
• Answer the survey questions provided.

□ Pay and conditions	
Family/whanau care responsibilities	
Workload	
What are the top 5 areas you feel you need further knowledge and ski	Il development in? Select all that apply
Case management	
Critical thinking	
Ethical practice/dilemmas	
I do not need further knowledge and development	
How does your employer support your social work practise? (you may	select as many options as you wish)
Providing Professional Reflective Supervision	
Providing Cultural Supervision	And the second
Providing relevant training and skills development	
Providing a supportive work environment	-
n which salary band do you fit?	
(None) ~	
(NONE)	
	Save and Continue
	Save and Continue
	Skip

• Click the 'Save and Continue' button to submit your survey.

Pay and conditions Family/whanau care responsibilities	
What are the top 5 areas you feel you need further knowledge and s	cill development in? Select all that apply
Case management	
Critical thinking	
Ethical practice/dilemmas	
I do not need further knowledge and development	
How does your employer support your social work practise? (you ma	y select as many options as you wish)
Providing Professional Reflective Supervision	
Providing Cultural Supervision	
Providing relevant training and skills development	
Providing a supportive work environment	
In which salary band do you fit?	
(None) ~	
(Control)	
	Save and Continue
	Save and Continue
	Skip

• A thank you message will appear once you have completed the survey.



Step 8 - Download digital copy of PC

• Click 'My Details' to return to your MySWRB account overview page.

Social Workers Registration Board Rábui Whakamane Tauwhire	MySWRB Registration Portal			<u>Sign out</u>
		MY DETAILS CPD	INTERACTIONS	CONTACT US
Thanks for comple	ting your workforce	survey.		
Please click the My Details tab to				
Contact us				
T: +64 4 931 2650 Freephone: 0508 797 269				

• Download a digital copy of your PC by clicking the 'Download PC certificate' button on the right side of your home screen.

Registration Board Registration Board	MySWRB Registration Portal	Sign Out			
		MY DETAILS	CPD	INTERACTIONS	CONTACT US
My details					
Registration number	Job Title		· /		Make a non practising declaration
First name	Preferred first name				
Middle name	Name to display on register	If you would like			Download PC certificate
Last name	Gender 🗸	PC card please needs to be a he shot taken in the	ead and shoulde	Viev	w PC wallet size
Previous name	• Mobile/personal phone			Change	password
Date of birth	Alternative email				
• Email address	Work phone				
• Ethnicity	lwi				
New Zealander 🗸	(None)	~			
Ethnicity 2	lwi 2				
(None) V	(None)	~			

- Your certificate will be generated as a PDF
- You can print off your certificate in A4 or wallet size to display as you wish.

Practising Certificate	
This is to certify that:	Social Workers Registration Board
John Doe	Kāhui Whakamana Tauwhiro
Registration number: 123456789	
Expiry Date: 30/06/2021	
May practise as a registered social worker in New Zealand, in accordance with the Social Workers Registration Act.	
The Registrar, Social Workers Registration Board. PO Box 3452, Wellington 6140.	
swrb.govt.nz/public-register	New Zealand Government